

**Evidencebased Review**

# **Disparities in Cervical Cancer Outcomes in the Rural US:**

*What do we Know?*

*What do we Need to Know?*

**Lombardi Cancer Center**

**Clinical and Economic Outcomes Core  
Cancer Prevention and Control Program**

# Objectives

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**Review literature 1966-present (1950-1965) to address competing hypotheses:**

- 1 Elevated mortality reflects high risk and incidence**
- 2 Morbidity and mortality reflect low screening rates**
- 3 Elevated mortality reflects lack of follow-up of abnormal screening findings**
- 4 Elevated mortality reflects suboptimal treatment**

# **Screening, Follow-up, and Stage at Diagnosis: What do we Know?**

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- **Population characteristics associated with underscreening, low follow-up, and late stage concentrated in rural areas, BUT**
- **Screening rates appear comparable to U.S. overall**
- **Little data to suggest low follow-up rates**
- **Little data to suggest differences in stage distribution in SEER**

# Screening, Follow-up, and Stage at Diagnosis: What do we Know?n't

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- Interventions conducted in other populations should be effective to:
  - Increase screening rates
  - Improve timely follow-up

# Screening and Stage:

## What do we Need to Know?

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- What are rates of late stage disease?
- Do late stage cases represent missed opportunities for screening?
- What are rates of lifetime screening adherence?
- Are there pockets of underscreened women? If so:
  - What are the most effective means to increase screening use? Lay health workers? Mobile services?
- How does culture affect screening use?
- What are the most cost-effective screening intervals and technologies?

# Followup of Abnormal Screens and Stage: What do we Need to Know?

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- **Are rates of timely followup low? If so:**
  - Will same day screen and treat models be effective?
- **Does failure to receive timely followup affect future screening behavior?**
- **Do false positive results affect return to routine screening?**